Manchester Cancer

LUNG PATHWAY BOARD MEETING

Minutes of the meeting held on

24th April 2015, Seminar room 11, Mayo SRFT

IN ATTENDANCE	
Neil Bayman	Pathway Director
Sriram Iyer	ECHT
Simon Bailey	CMFT
Carol Farran	Stockport
Phil Barber	UHSM
Durgesh Rana	CMFT
Carolyn Allen	Pennine
Leena Joseph	UHSM
Ben Taylor	Christie
Paul O'Donnell	Pennine
Simon Taggart	Central
Duncan Fullerton	MCHT
Karen Clayton	East Cheshire
Lorraine Creech	UHSM
Carole Higgins	Manchester CCG
Raj Yadavilli (re Chris Eckersley)	Bolton
Apologies	
Carol Diver	Tameside
Richard Booton	UHSM
Rajesh Shah	UHSM
Ram Sundar	WWL
Fional Blackhall	Christie
Liam Hosie	GP Rep
Yvonne Summers	Christie
Ian Watson	Oldham
Chris Eckersley	Bolton
David Shelton	CMFT

	AGENDA ITEM	ACTION
1	**Apologies:** Apologies have been noted.	
2	**Minutes from the last meeting on 20th Jan 2015** Duncan Fullerton was in attendance at the last meeting, the rest of the minutes has been agreed to be an accurate reflection of the last meeting. **Matters arising :** LUCADA data recording on; - Recording of staging with an "x" suffix (e.g. TxN1M1b would be recorded as missing staging data). - When and how the data should be recorded. Queries from the member has been sent via email by NB, no response has been received, however there is a NLCA workshop schedule in May, NB will identify members attending the workshop to take forward the queries raised by the board.	Minutes to be updated NB to identify member to raise these queries at NLCA workshop
3	**Objective no 1 – Improving outcomes / survival rates** **a. MCIP update** PB updated the board with regards to the progress of MCIP. The programme has a governance structure in place which is currently taking decisions with three groups reporting to steering group. Early Diagnosis: Key issues outstanding are the identification of risk levels to classify target population group to offer low dose CT. However there is an interim agreement the of a risk level of 2.5% for the initial pilot study which should yield a substantial number of cancers without also unnecessary number of screening studies. A key barrier to starting this programme is the data quality in primary care; a sub group is tasked to look in more detail to resolve some of the issues. The pilot project is resourced to support 10 practices although there is also a buy-in by the local commissioners and council alike if further support is needed. The project is planned to start by June 2016. NB asked how the MCIP quality Improvement Facilitators recruited across all trust will link together. The Trust are at various stages in recruitment and there is a key role the facilitators can support. At Christie the focus is working on electronic health needs assessment and End of Treatment Summaries to support the transition in care post treatment at the Christie. South Manchester are currently working on the same objectives as the Christie there is an issue with regards to resources in delivering effective holistic needs assessment in tertiary settings. The query from a member was what does the holistic needs assessment take you to, where do you sign post patients and are there resources out in the community to support the assessment. There is also a query that some patients might have two assessments due to the nature of shared management of condition. Consensus has been that this work is already being done and identification of needs have been part of the core role of nursing and medical. However, sign posting will be a concern to resource specially with regards to caring for patient out of area.	PB to continue to provide MCIP updates to pathway board

Concerns with regards to the continuation of the MCIP project operational support has been raised. CH from Manchester CCG updated the project operational support was funded until December there is currently negotiation with the CCGs and MCIP to potentially extend the time frame. **b. CRUK/MacMillan/NHSE ACE Program projects updates** DF updated members on the Mid Cheshire Lung Cancer ACE project, which focusses on streamlining lung pathway and early diagnosis. A project manager has been recruited with the support of Public health transformation fund to facilitate the development of the evaluation frameworks, coordinate data collection, and public awareness campaigns.The streamlining of pathways in mid Cheshire has now started, patient after chest x-ray are slotted into two week wait appointment. The early diagnosis project focus is self-referral for chest x ray starting in June this year. RS to update on Wigan ACE project at next meeting MCIP ACE project outlined by PB above Manchester Cancer ACE project (item 6d and attached information document) **c. EBUS Subgroup update** – RB to update members at the next meeting **d.** NB requested EBUS centres and members to ensure there data is collected and uploaded on time to ensure accurate understanding on quality and activity. Commissioners are requesting this data **Emergency presentation data** – RS to share findings at the next board meeting	
4 Objective no 2 – Improving the patient experience **a. Manchester Lung Cancer Patient experience survey – update** Final draft of the patient experience survey has been discussed. Actions from the last meeting were to gain sign off from Trusts, request feedback from patients and agree a method for distribution and collection. CD who has been leading this item has given her apologies for this meeting. The questionnaire has been amended based on trust and patient feedback and it was advised this was to be taken to local patient groups for feedback. UHSM have moved with developing a covering letter to support the survey and ready to distribute. To ensure the patients do not receive multiple surveys from other sources, it was agreed to begin the survey after MCIP patient survey is complete. CD will update on the progress. **b. Manchester Cancer User Involvement Group – update** Manchester Cancer has been working with Macmillan Cancer Support to develop its approach to the involvement of people affected by cancer in its work and have funded four user involvement manager (Band 6) post and a user involvement lead at 8a. The team are due to start during May and June of this year. They will make sure that all pathway boards and groups have at least two people affected by cancer among their membership and that all people affected by cancer have the appropriate induction, support and training to play a full part. The managers will also support their boards to undertake important work to improve patient experience, such as developing regional patient experience surveys, developing the use of patient-reported outcome measures and standardising patient information across the region.	Determine when MCIP survey to complete (representative clinicians from trusts within MCIP footprint) CD to update re: survey

	c. Manchester Cancer Briefing: Pathway Board members roles and responsibilities (for information Only) d. Manchester Innovation fund update (for information Only)	
5	**Objective no 3 – Research and clinical innovation** **a.** Proposal for Manchester Cancer Lung Trial portfolio for Sector MDTs Lung Research Paper 2015 from GMCRN was reviewed. It was acknowledged that lung cancer is the second highest recruiting disease site to clinic trials in GM behind breast cancer. It was also acknowledged that whilst the majority of lung cancer clinical trials are best suited to a tertiary centre setting, several studies (primarily observational studies) are suitable for secondary care, but secondary care recruitment to these trials is very low. ThTHe 2014 survey of lung cancer pathway board members highlighted clinician awareness as a major obstacle in recruitment to clinical trials. A proposal to develop a lung pathway board trials portfolio for sector MDTs, detailing current trials the board believes should be open and recruiting in secondary care was supported. It was agreed that this would assist the sector MDTs consider a clinical trial for each patient discussed. PB to review the proposed portfolio through the research group run by Lung Physician at UHSM. **b. Tameside Wellness project update-** CD will update at the next meeting **c. Mesothelioma project update**- LC updated members the bid was not successful although Manchester Cancer supported the need to have the following; **Specialist mesothelioma MDT** to ensure a better coordination of care for mesothelioma patients. Once the sectorisation of South sector lung cancer MDTs is achieved, this will free up time on a Thursday morning at UHSM for a specialist mesothelioma MDT MDT. Administration is an issue (tracker and coordinator role), this is currently under discussion between UHSM and Manchester Cancer to scope how this can been resourced. Mesothelioma UK have resourced 11 business managers and welfare right officers across the SCN foot print nationally hence they will not be able to support further posts, however there is a key driver in the service specification which requires a specialist MDT. **Support group;** Greater Manchester asbestos victims support group is exploring options in developing a support group more specifically for Mesothelioma patients.	NB to liaise with FHB (board research lead) CD to update progress LC to update progress
6	**Objective no 4 – Improving & standardising high quality care across the whole service** **a. Sectorisation of Lung Cancer MDTs update** Central sector MDT (Central/Tameside/Stockport) went live yesterday. The biggest issue was AV breakdown resulting in Stockport unable to dial back in, however the interaction and the function of the Central MDT was well received and clinical members could see the benefit. The following Trust had specific IT issues; Tameside and UHSM Video conferencing issue Stockport face structural issues however confident this will be resolved All Cancer managers and operational team have been engaged who will support in resolving any IT issues at the next MDT. South Sector MDT (UHSM/East Cheshire/Mid-Cheshire) clinicians have met and agreed to	Central Sector MDT to update progress Wider discussions

proceed with developing a South Sector MDT. Scoping how this can been delivered by the respective organisations is next step., Aim is to start south MDT in September.

to proceed once new lung pathway manager in post

b. Pathway performance analysis pilot update

NB has updated the board members on the progress of the Sectorisation project which is also ACE funded (information attached to meeting agenda).

NB to update progress

- The NW Sector MDT (Wigan/Bolton/Salford) patient flows/process mapped. Project definition document
- £25k ACE funding secured for CWP co-ordinator at NW SMDT
- Lung Cancer MDT referral and data collection form(s) developed
- Gynae pilot of CWP completed and reported (IG risks identified)
- MC and Christie agreed to form a formal project board and fund a project manager to drive lung pilot forward and subsequent role-out of CWP to other pathways. The test of CWP will begin in June of 2015.

c. MC Lung Pathway Guidelines

NB proposed that the existing guidelines need to be updated but to explore the option of electronic method using the map of medicine format which would be interactive. The group agreed to firstly update the existing guidelines in a standard format and then discuss value in develop an electronic interactive version. NB explained he will call on appropriate board members for assistance developing guidelines over the coming weeks.

NB to isuse Guidelines outline/template. All board members to contribute to developing document

PoD raised the need to review the early part of the lung pathway. It was acknowledged that demand on secondary care increases annually, and the awaited update NICE guidance on suspected cancer is expected to have a significant impact on resource. Currently there are several different diagnostic pathway models in GM. NB proposed the learning from CWP and the ACE projects will identify the effectiveness with regards to timing access to test and diagnostics.

The board agreed there is an opportunity to explore a standard approach in the diagnostic part of the pathway. It was agreed that a workshop to discuss this further would be helpful.

NB will explore opportunity to set up a small group to discuss this item further.

NB to set-up a representative group/workshop to agree a standardised approach to diagnostic pathway

Members discussed the need to ensure that patients do have access to rapid opinion and investigation, so if there are resource issues in delivering that, they need to be addressed, and we need as a board to press for that, or agree some other methodology such as direct GP access to CT scanning.
The body language of 'overwork' and a gateway mentality are outdated, and probably contribute to late-stage presentation and poor outcomes.
PB made the point that the two-week fast-track service wouldn't even be necessary if the system as a whole didn't keep patients waiting for weeks and months to be seen in secondary care, and many of these will prove to have cancers but without necessarily the pointers in general practice to that diagnosis. He pressed on the need to raise the standard in terms of availability and rapid diagnosis, and not only for red-flag patients, many of whom are already incurable.

Drs Blackhall/Joseph/ Rana form lung pathology sub-group with appropriate representation

It's also very difficult to see how keeping people waiting reduces cost – the work has to be done, so the waiting-list ethos we collectively condone is probably more to do with attitude and tradition than resources. Waiting lists just don't exist in modern European health systems, and there's no reason why we can't deliver the same culture – but we have to agree first that it's the right way forward, and carping about the numbers of HSC 205 referrals is not the best start. **d. Proposal for Lung Cancer Pathology Sub-group** NB shared the outcome from pathway discussions at the recent lung pathology educational meeting., It was agreed that a lung pathology sub-group should be formed to develop a set of standards for lung cancer histopatholgy/cytology/cytogenetics.. This will be led by Dr Blackhall/Joseph/Rana, and was supported by the board.	
7 AOB **a. Annual Report 2015 (for information Only)** **b. Education Events feedback** NB shared the evaluation of the education event results, the plan in the future will be education and engagement with a view to demonstrate sector MDT performance and invite commissioners. The feedback included a suggestion to make some of the day patient focused, potential idea might be an MDT to lead the education section using a case study model to provide education around the patient, treatment and journey. **c. Pathway manager role** New pathway Manager will be identified at the Manchester Cancer away day to be held on the 27th of April. **Future meetings:** 21st July – UHSM Seminar Room 8 23rd October – The Christie FT, Department 2 Trust Administration, Level 3, meeting room 6	All board members to contribute to 2015 annual report Next Education Event for spring 2016